

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 13 1958

44678
STATE FILE NUMBER

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 567

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Independence TOWN				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR Independence TOWN	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR Indep. Hosp. INSTITUTION				Length of stay in lb 50yrs		d. STREET (If outside, give location) ADDRESS 605 Rankin Rd.	
3. NAME OF DECEASED (Type or print) First MISS. LAURA Middle WILHELMINA Last BRUNE				4. DATE OF DEATH Month Dec. Day 26 Year 1957			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH April 7, 1884	
9. AGE (In years last birthday) 73		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Saleslady				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Wellington, Mo.	
12. CITIZEN OF WHAT COUNTRY? USA							
13. FATHER'S NAME Fred Brune				14. MOTHER'S MAIDEN NAME Wilhelmina Leutkemeyer			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. 495-99-2826		17. INFORMANT Address Mrs Ruth Barnes 605 Rankin Indep	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Oedema carcinoma of the stomach with extensive metastasis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) Obstructive jaundice							INTERVAL BETWEEN ONSET AND DEATH 5 hrs
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from July 23, 1957 to December 26, 1957 last saw her him alive on December 17, 1957 Death occurred at 2 PM m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) W. H. Hickman M.D.				22b. ADDRESS 604 W. Maple Independence, Mo.		22c. DATE SIGNED 12/28/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Dec. 28, 1957		23c. NAME OF CEMETERY OR CREMATORY Woodlawn		23d. LOCATION (City, town, or county) (State) Indep. Mo.	
24. FUNERAL DIRECTOR ADDRESS OTT & MITCHELL INDEP. MO.				25. DATE RECD. BY LOCAL REG. 12-28-57		26. REGISTRAR'S SIGNATURE James L. [Signature]	

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
[Signature]

Licensed Embalmer No. *315*

P. O. Address *Indy, Ind.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.